

**MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
FOOD & CONSUMER SAFETY SECTION - (406) 444-2408
APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE**

☐ Establishments with **2 or fewer** employees working at any one time (\$60 license fee) 506050

☐ Establishments with **more than 2** employees working at any one time (\$90 license fee) 506064

This application includes all types of food establishments that are regulated by ARM Title 37, Chapter 110, Subchapter 2

This application must be remitted with license fee *payable to*: **MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES or (DPHHS)**. MAIL TO: **DPHHS/FCSS, PO BOX 202951, HELENA, MT 59620-2951**

Note: By provision of 50-50-201, MCA, one license fee includes all types of retail food establishments operating on the same premises when they are operated by the same licensee. Only remit one license application fee for each retail premises location. Food Manufacturing Establishments are licensed separately and must submit separate application with appropriate fees.

HEALTH OFFICIALS RETURNING A PREVIOUSLY PAID APPLICATIONS ONLY REQUIRING SIGNATURE, OR REQUESTING ENDORSEMENT CHANGE, PLEASE RETURN TO: MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES or (DPHHS). MAIL TO: DPHHS/FCSS, PO BOX 202951, HELENA, MT 59620-2951

PLEASE PRINT

Licensee (Operator/Owner) Name: _____

Establishment Name: _____

Establishment Location Address: _____

City: _____ Zip Code: _____ County: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

On-Site Operator/Manager Contact Name (if different than Licensee Name): _____

Contact Telephone: (____) ____ - ____ Contact FAX: (____) ____ - ____

Contact E-mail address: _____

This Section is to be completed and signed by the Local Health Authority Only!

Type of Establishment: (Check one or more - fee same regardless of number checked)

☐ 01. Food Service Establishment

☐ 08. Water Hauler

☐ 02. Tavern or Bar

☐ 09. Perishable Food Dealer (Retail Only)

☐ 03. Meat Market (Onsite Retail Only)

☐ 10. Food Service/Catering (Retail Only)

☐ 04. Bakery (Onsite Retail Only)

☐ 11. Food Service/Delicatessen (Onsite Retail Only)

☐ 06. Food Manufacturing (Onsite Retail Only)

☐ 12. Produce (Onsite Retail Only)

☐ 07. Mobile Food Service

Change type of establishment (endorsement)?

Seasonal: ☐ Yes or ☐ No If Yes, Dates Open: _____ To _____

Public Water Supply: ☐ Yes or ☐ No PWSID No: _____ Private (Not Public) Water Supply: ☐ Yes or ☐ No

Public Sewage Treatment System: ☐ Yes or ☐ No Private (Not Public) Sewage Treatment System: ☐ Yes or ☐ No

Existing Facility: ☐ Yes or ☐ No New Construction: ☐ Yes or ☐ No Remodeled: ☐ Yes or ☐ No

Preconstruction Review Plans approved by local or state health authority? ☐ Yes, ☐ No, or ☐ NA

Fire Authority Approved: ☐ Yes, ☐ No, or ☐ NA

Building Authority Approved: ☐ Yes, ☐ No, or ☐ NA

Preopening Inspection completed and approved: ☐ Yes or ☐ No

Previously Licensed: ☐ Yes or ☐ No If Yes, then Former Name: _____

Previous License Number: _____

Last Calendar Year Licensed? _____

License Limitation/Condition/Comment Statement: _____

(The statement above will appear on the printed license. It will identify condition(s) or limitations on the license(s) approval.)

APPLICATION APPROVED: _____ DATE: _____ COUNTY: _____

Application Instructions for the Licensee - Retail Food Establishment (FR)

Number of Employees: 50-50-205 MCA states that for each license issued to an establishment that does not have more than two employees working at any one time, the department shall collect a fee of \$60.00. Retail food establishment with *three (3) or more* employees working at any one time will pay a license fee of \$90.

Licensee (Operator) Name: The license for a facility is specific to an owner or operator. Write the name of the person or entity that will be responsible for ensuring this establishment will meet public health requirements. A new license application is necessary when the owner or operator of an establishment changes, even if the name of the facility does not change. If the facility is leased, enter the name of the lessee. The lessee is responsible for the facility in meeting public health requirements.

Establishment Name: Write the business name of the facility. If the business has several sites, the establishment name must be specific to the location for this application. When making license application for multiple locations, use a separate application form for *each* facility, and give the physical location (street and number) for each on its respective application form.

Establishment Address and Contact Information: Write the *physical location* (street address) of the food establishment. If the food establishment is mobile, use the address for the commissary or servicing site. Some food establishments have several distribution sites, a commissary site, an office location and a different management location. If there is doubt about which address to use, attach an explanation with this application. Please include the information necessary to locate the facility for inspection (directions, if needed), so that your license approval will not be delayed. Name the Montana county where the establishment is located.

Mailing Address: The address entered here is *where the license and annual renewal notice will be sent*. Late fees may result if the renewal notice is sent to a seasonal facility location which is closed. If you desire the license(s) for one or several franchise operations to be sent to the head office or corporate office, or to a business agent, enter their mailing address.

Contact Information: Enter the name of the manager, phone number, fax number, and e-mail address, if available.

Note: *The space at the bottom of the application form is to be completed by the local or state health authority.*

If the facility has new construction or has been remodeled, plan review approval and pre-opening onsite inspection approval by the health authority is necessary before the license is approved and the food establishment commences business. If the new license application is for a change of ownership, a pre-opening on-site inspection by the health authority is necessary before the license will be approved. There may be changes necessary before the new license is issued.

It is recommended that new license applicants make contact with the local health department or county sanitarian early in the application process. Some portions of the license application review process may involve plan review, providing written procedures, product lists, fire safety inspection, building permits, water system plans, laboratory analysis of water, label design, etc. Please contact your local health department office for assistance or plan review forms.

Local Health Authority Instructions — Retail Food Establishment (FR)

Type of Establishment (endorsements):

The type of establishment identifies the types of food operations that occur on a premises. A food establishment may have multiple endorsements at the same location - check all endorsements that apply. Only one annual retail license fee is required, regardless of the number of endorsements approved by the local health authority.

A license is specific to the type(s) of establishment operation(s) approved by the local health authority and is limited to the types of food operations and sales that occur at that location. Multiple endorsements means the health authority must review the public health and safety requirements specific to each endorsement approved.

Type

Brief Description/Examples

- 01 **Food Service Establishment:** Includes restaurants, cafeterias, pizzerias, etc. or other similar place where food or drink is prepared, served, or provided to the public with or without charge. Does not include catering or mobile operation.
- 02 **Tavern or Bar:** Includes alcoholic beverage services. Does not include onsite food preparation.
- 03 **Meat Market (Onsite Retail Only):** Includes only the processing, packaging, and labeling of meat and meat products for on-site sales at that location. Processing meat for wholesale distribution is prohibited without licensing from DOL.
- 04 **Bakery (Onsite Retail Only):** Includes only the processing, packaging, and labeling of bakery products for on-site sales.
- 06 **Food Manufacturing (Onsite Retail - Take-Out):** Includes processing a food product, putting it in a package, and selling at that location. Also includes retail water vending units and the packaging and sale of ice on-site at a retail store.
- 07 **Mobile or Semi-Permanent Food Service:** Includes pushcarts, vehicle-mounted food service designed to be readily mobile or limited food operations which are moveable but not wheel mounted.
- 08 **Water Hauler:** A water hauler is a person engaged in the business of transporting water to be used for human consumption that is not regulated as a public water supply and does not transport water for individual family households and family farms and ranches.
- 09 **Perishable Food Dealer (Retail Only):** Includes the buying and selling of packaged perishable products. Examples - Grocery Stores, convenience stores, mobile food distributor.
- 10 **Food Service/Catering (Retail):** Includes food preparation and its service at locations other than the licensed facility. Catering kitchens must meet all the requirements of a food service kitchen.
- 11 **Food Service/Delicatessen (Onsite Retail):** Includes the preparation and service of multiple ingredient foods for take-out purposes. Includes the processing, packaging, and labeling requirements for on-site retail sales of that product.
- 12 **Produce (Onsite Retail):** Includes vegetable or fruit processing, washing, cutting, or preparing for sale.

Other: *Endorsement changes must be approved by sanitarian signature*, but do not require an additional license fee for an existing licensed retail food establishment. Complete water supply, sewage treatment, plan review, and licensing information.

License Limitation/Condition/Comment Statement: May be used to ID locations for mobile food service units, identify menu or equipment use limitations, identify maximum group sizes for catering functions, identify a plan of correction (including starting & ending dates and the approving health authority), or any other information needed to clarify the license approval.